

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763920

**Entity Name:** LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION OF  
PINELLAS, INC.**FILED**  
**Apr 22, 2021**  
**Secretary of State**  
**8239466892CC****Current Principal Place of Business:**901 N. HERCULES AVE. SUITE A  
CLEARWATER, FL 33765**Current Mailing Address:**901 N. HERCULES AVE, SUITE A  
CLEARWATER, FL 33765 US**FEI Number: 59-2465126****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COMMONS, BENJAMIN B  
901 N. HERCULES AVE., SUITE A  
CLEARWATER, FL 33765 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE: BENJAMIN B. COMMONS****04/22/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SECRETARY
Name	GILES, REBECCA
Address	3916 108TH AVE. N.
City-State-Zip:	CLEARWATER FL 33762
Title	PRESIDENT
Name	BUGBEE, KATHY
Address	901 N. HERCULES AVENUE SUITE A
City-State-Zip:	CLEARWATER FL 33765
Title	DIRECTOR
Name	JOHNSON, LAURA
Address	3940 108TH AVE N
City-State-Zip:	CLEARWATER FL 33762

Title	TREASURER
Name	ROUSSEAU, HEATHER
Address	901 N. HERCULES AVE., SUITE A
City-State-Zip:	CLEARWATER FL 33765
Title	DIRECTOR
Name	WISON, DANIEL
Address	3980 107TH AVE. N.
City-State-Zip:	CLEARWATER FL 33762

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KATHY BUGBEE****PRESIDENT****04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date